

## From Principal's Desk

It is a pleasure to present you the next issue of the 'UCMS Newsletter'. As always, the College has been on the forefront in various academics, research and extracurricular activities. During the last 6 months, several faculty members were awarded research grants by various funding agencies with greater involvement of faculty from various clinical departments. The College organized inaugural meeting of the Program Advisory Committee in Health Sciences under the newly constituted Science and Engineering Research Board, Department of Science and Technology, Govt. of India. On this occasion, the Chairman of PAC, Prof. V.I. Mathan, former Director, CMC, Vellore interacted with the faculty and resident doctors and discussed about various challenges being faced by the medical community in pursuit of health research. Our annual marathon academic event, EORCAPS witnessed huge response from participants all over the country and had to be organized in a bigger venue. The Medical Education Unit has been organizing guest lectures and conducting thesis protocol writing workshops in the College as well as in neighboring states. The Telemedicine Unit organized teaching learning activities with PGI, Chandigarh and SGPGI, Lucknow. Recently, the first batch of students successfully completed Masters Course in Medical Imaging Technology. The College students wholeheartedly participated in the Annual Sports and Cultural extravaganza and our cultural team organized various street plays on contemporary themes. Towards the year end, the UCMS Alumni Association organized a grand event for the College Alumni which was attended by large number of UCIITES from all over the world. On this occasion, the Alumni from 1973, 1977 and 1987 and their families were also felicitated. The College continues to be a fountainhead of inspiration for its medical students, teachers and alumni.

**O.P. Kalra**

## Fulbright-Nehru Senior Research Scholar from University of Illinois, Chicago gives lessons in GIS at UCMS

I worked recently for four months in India as a Fulbright-Nehru Senior Research Scholar affiliated with the University College of Medical Sciences Department of Community Medicine in Delhi. The goals of the United States Fulbright Program are to increase international collaborations and improve understanding among scientists about the culture and conditions of other nations. India is a strong partner in this program. This was my first visit to India, and I was honored to be a part of the academic community at UCMS, where I worked with Dr. Arun Sharma. My educational background is in Geographic Information Science and I focus specifically on spatial epidemiology, which looks at how geographic location is important for health.



In terms of work, Dr. Sharma and I proposed to "add" geographic location to a set of household survey data collected by Vikram K. for his thesis research titled Janani Suraksha Yojana (JSY) Scheme in Trans-Yamuna Area of Delhi". Dr. Vikram had interviewed women from six slum or resettlement areas in East Delhi who had given birth in the past year to evaluate the effectiveness of Accredited Social Health Activists (ASHA) in these areas under the JSY scheme. With a list of respondents' addresses and Vikram K's memory our group found each of the households where he had interviewed people last year and then used a Global Positioning System (GPS) handheld receiver to record the geographic coordinates. The students involved were quickly proficient at using the GPS. Later, I helped them to use a Geographic Information System (GIS) to link the survey responses to locations and we could learn in which areas was the program more successful. Later, I trained them in using spatial analysis software to statistically relate geographic locations of households with the utilization of JSY services.

Other health issues came to my attention in India. Low air quality is a growing problem that I experienced first hand when dust storms combined with other pollution to make March 2012 a very bad month for breathing in Delhi. Better monitoring of particulate matter, using data from satellites combined with ground measures and maps of traffic and important industries can help to make the case to improve pollution standards and provide support to those with asthma and other conditions. During a visit to the University of Jayewardenepura in Sri Lanka, I was involved in a project related to the mapping of dengue cases in Columbo. Knowing the location of cases from different serovars can help to uncover the reasons behind the re-emergence of this vector-borne illness.

I came back from India with a much greater appreciation for the differences in daily life between my University in Illinois, where I live in a town with about 150,000 people. At home, a quiet 15-minute bike ride gets me to my office. I traveled to the UCMS by Metro and by bus or rickshaw, passing more people in those 40 minutes that I pass in a week in Illinois. I especially enjoyed the beauty of Himachal Pradesh and the natural openness of people I met. I hope that I will have an opportunity to return to India soon.

**Marilyn O'Hara**

## POINT COUNTERPOINT

### Should doctors be the only professionals required to fulfill a mandatory rural posting?

“Longer course proposal for MBBS - Mandatory 3 month rural internship to be increased.” (The Telegraph, New Delhi, May 20, 2012)

The Medical Council of India, in consultation with the Union Health Ministry, is examining a proposal to add several months to the current three month rural training for medical students. The reason being touted is that there is a shortage of human resources in health, especially in rural and tribal areas, where the population is vulnerable. In the past, the Government tried to attract doctors to rural areas by announcing reservation in postgraduate admissions for MBBS doctors who opted for rural postings after graduation; and advocating 10 extra marks in postgraduate admissions for MBBS students with one year of rural service; those who served three years in backward areas were to get 30 marks. However, despite the incentives, there were no takers for the scheme.

The advantages of increasing the mandatory rural posting are that aspiring doctors will have an opportunity to learn about common diseases affecting the majority of the population of India. They would get ample opportunities to hone their skills. An exposure to rural lifestyles and encounter with unique medical cases will make them better doctors. In the process, medical services will reach the poorest and most backward areas of India, leading to greater development opportunities. The country will be able to draw closer to its declared objective of providing universal health care.

However, if we look at the flip side, the duration of the under-graduate medical course is already much longer than any other professional course in India. On top of it, the whole cycle starts again with preparation for post-graduate entrance examinations. Adding any more duration to this arduous course is untenable. Also, fresh medical graduates are not sufficiently skilled to practice without supervision; the ethics of posting those to rural centers needs re-examination. The rural and tribal population should not be reduced to guinea pigs at the hands of raw medical professionals.

It is commonly commented that, rather than forcing medical graduates into rural services, the Government should make rural health settings more attractive for doctors. Improving civic amenities

(good roads, infrastructure, electricity, sanitation, schools for the children of doctors), and offering better salaries to doctors in rural areas, may automatically attract doctors to rural areas. Rather than posting medical graduates to rural areas, it might be more viable to appoint senior medical professionals to these areas when they retire from government service. They may be given a considerably enhanced salary for rural postings. People will get a better health deal, and have more confidence in a senior doctor than in a newly graduated one.

It is widely claimed that the GOI spends 31 lakh rupees to make an MBBS doctor. This claim is entirely debatable, keeping in mind that the faculty teaching medical graduates is also looking after huge patient populations, for free, and the graduates themselves work for one year as compulsory interns for which they are paid a pittance. However, this leads us to further basic question that how much is the government's spend on other professionals like managers, engineers or lawyers; and how does it plan to recover these costs? These professional institutes being run by the government do only teaching (if at all some research) but no community service (at least not on a day-to-day basis). The official proposal to impose an exit tax on graduates from these government run institutions applies to graduates who plan to leave Indian shores for greener pastures abroad. That is to say, if they stay within India (most likely, in an urban area only) and serve the Indian population (probably charge hefty fees or earn astronomical salaries), they are not obliged to fulfill their moral obligations towards rural India!

India is a poor country and tax payer's money needs to be well utilized. The rural, tribal and backward areas are grossly lacking and being Indian citizens, we all must share the responsibility of contributing to inclusive growth in society. However, posting only doctors to improve the health care scenario is meaningless in the absence of an overall development of infrastructure in these areas (including roads, electricity, power generation, fund management etc). Is it that rural India is lacking only with respect to health care facilities and all the other basic minimum requirements of living have already been provided for? We require engineers to build roads and other infrastructure, enhance irrigation facilities, provide electricity or build a fully functional PHC and fresh engineering graduates could do a compulsory internship posting for that. We require good managers to implement the lofty development plans, including those for health care and for this fresh management graduates could do a district or sub-district level training during MBA. Expert legal advice is needed by our rural brethren to ensure their basic human rights and fresh law graduates could do a good job at that.

Would posting the MBBS students in the rural areas help improve the health of our rural community and achieve the goals of NRHM? Or is it just another ploy to remove the focus from the government's own failure to enhance the per capita expenditure on health care or to ensure free of cost, quality health care to those most in need?

Friends, through this issue of COSMOS, we wish to seek your opinion on selective policy of enhancing rural posting of doctors and not any other professional. We would request you to spare some time and respond to the questionnaire for the same at <http://www.surveymonkey.com/s/9PGX5K8> This would help in understanding and disseminating the views of the medical community through this forum.

**Chander Grover**  
**Upreet Dhaliwal**

## Formal mentoring of fresh entrants to Medicine-Required or not?

The University College of Medical Sciences, a premier medical Institution affiliated to the University of Delhi, is a pioneer in having started formal mentoring, in 2009, for 1st year MBBS students. The program was initiated to further the personal and professional development of these students and to make them “feel at home” in their initial rough transition to a professional setup. Over the years, the program has seen active participation by students (juniors and seniors) as well as the faculty.

There have been occasional success stories attributable to the program where individuals were relieved of acute stressful situations by adequate counseling and help by their mentors. In order to assess the general, popular opinion about the program in our institution, we conducted the present survey; most of the 222 respondents were students (n=201; 90.9%). Respondents were associated with the mentoring program mostly in the capacity of mentees (n=114; 51.3%); 29 (13.1%) were mentors; 26 (11.7%) had witnessed both sides of the story. Fifty-three respondents (23.9%) were not associated with the program in any capacity.

Respondents’ opinions were taken on a three point Likert-type scale (agree, not sure or disagree).

### Need for formal mentoring

Almost 85% of the respondents (n=189) agreed that, in the medical profession, mentoring of a junior by a senior (in any format) is helpful. It was also felt by the majority that “formal mentoring” of new entrants to MBBS makes them feel more confident or supported upon joining the college (figure-1).

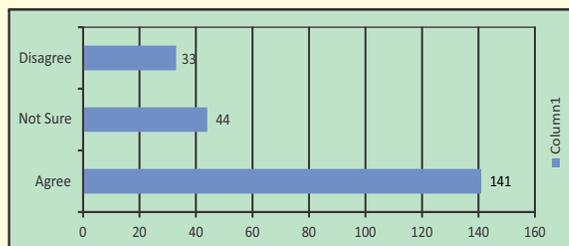


Figure 1: New entrants to MBBS feel more confident or supported when they join an institution which offers formal mentoring vis-a-vis an institution which offers none.

### Acceptability of formal mentoring

The acceptability was quite high among the respondents; 136 (61.2%) felt that official assignment of a formal senior mentor to a first year student can be an effective strategy (figure-2). Overall, 52.2% respondents (n=116) were of the opinion that formal mentoring in its present format

has helped undergraduates adjust in this institution (Figure 3). Also, 54% (n=120) respondents perceived that getting a formally assigned mentor upon entry into college life would have been or has been a definite help in their studies.

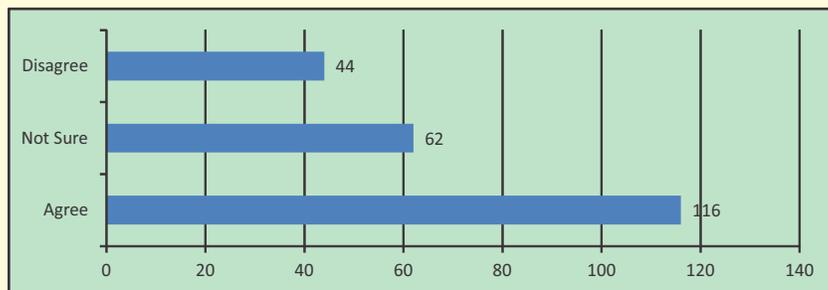


Figure 2: Official assignment of a formal senior mentor to a first year student can be an effective strategy

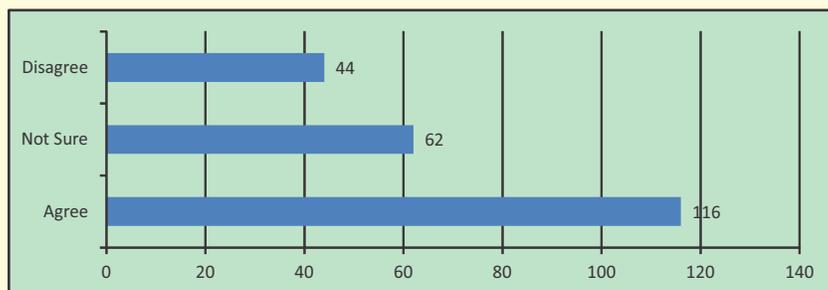


Figure 3: Formal mentoring in its present format has helped undergraduates adjust in this institution

A formal mentoring assignment can forge lifelong bonds. This fact was endorsed by 54% participants. However, at the same time, 60.3% participants felt that informal mentoring relationships, developing over a period of time, tend to be stronger and more fruitful as compared to formal mentoring relationships. The reasons for this can be manifold. A formal mentoring relationship tends to develop over a period of time and both the mentor and mentee have the freedom of choice; hence, they are more committed to the relationship. They are generally working in the same or related fields; hence, their scope of interaction is also much greater.

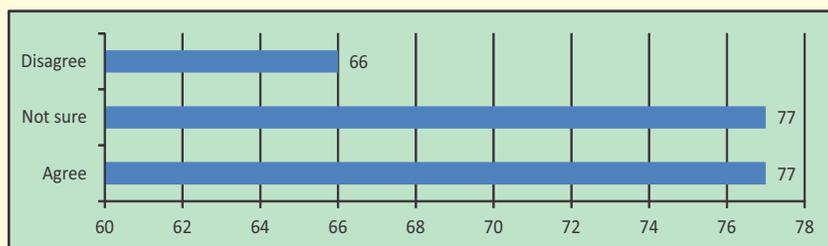


Figure 4: Students who have been mentored from first year onwards tend to perform better in studies/research

### Advantages of mentoring

While a few respondents (n=86; 38.7%) felt that students, who have been formally mentored, tend to “smarten up” early, the house was divided on the issue of whether mentored students tend to perform better in studies or in research activities (Figure 4). Nevertheless, formal mentoring was perceived to be helpful in providing an overall healthy development and a career boost by 48.1% respondents (n=107). It was also strongly felt that mentoring helps pass on professionalism, ethics and life skills to the students (Figure 5), enabling them to stand in good stead as far as their future professional life is concerned.

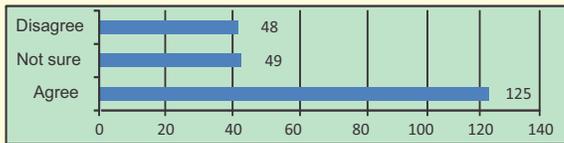


Figure 5: Mentoring by teachers helps pass on professionalism, ethics and life skills to their students.

Although, mentoring was seen to be an overall important value addition to a student's life and career, the respondents seemed unsure how good it is for the Institution's image. Students were divided over whether the availability of mentoring could be an important factor in their decision to opt for a particular institution (36% agreed; 38% disagreed). Only 31.9% (n=71) felt that formal mentoring has boosted the image of our institution.

### Disadvantages of mentoring

We asked the respondents about the potential side effects associated with this type of an exercise. It has been perceived that handing out support to students as soon as they enter a new environment may turn out to be a 'spoon feeding' exercise. The students may never be able to grow out of their "school mentality". However, an overwhelming majority, 59.9% of our participants disagreed with this perception (Figure 6). Only a minority (29.2%) believed that mentees may take mentors for granted and draw undue advantages. On the issue of mentor sensitivity with respect to what the mentee may be going through, the house was clearly divided with one third of the respondents either agreeing, disagreeing or unsure about it. Similar divided opinion emerged on the perception that formal mentoring can bias mentee's perception, or his learning, very early in his career (73 respondents disagreed; 71 agreed). Forty-six percent respondents felt that currently, mentors are not giving enough to foster formal mentoring, and 59.4% felt that formally appointed mentors do not allot enough time to their mentees. On the other hand, 48.1% respondents felt that it is the mentees who are holding back from formal mentoring; according to 49.2%, it is the mentees who lack time and effort to invest in the relationship.

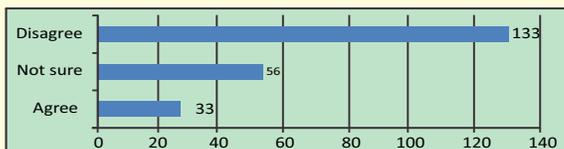


Figure 6: Mentoring is not 'grooming'; it is 'spoon feeding'.

On being questioned about an ideal format for a formal mentoring program, 64.4% respondents felt that a formal training program for proposed mentors should be a must. Also, 83.7% respondents felt that mentees should also have the choice to decide whether or not they want formal mentoring; they should have the liberty to choose their mentors.

Chander Grover

## Principal gets Delhi State Award for doctors

Prof. O P Kalra, Principal, UCMS was honored by Govt. of NCT of Delhi with state award for doctors for his outstanding contribution to medical education and health care services in Delhi. On this occasion, 21 doctors and 47 paramedical workers were honored. The doctors were given a citation and a cash award of Rs. 50,000/- and the paramedical personnel were given a citation and Rs. 20,000/-.



Dr. O.P. Kalra receiving award from The Hon'ble Chief Minister Mrs. Shiela Dikshit

## Leadership and managerial skills for medical students

Public health services in India are managed by healthcare professionals. Medical students are being trained for a primary care role and after graduation are expected to carry out the leadership and managerial duties at the primary health centres. However, there is hardly any training in the exiting curriculum to acquaint them with these concepts. It is commonly assumed that a health degree means that one can be a manager and a leader as well. As a result, new graduates who have no training in managerial and leadership skills or experience are given a wide range of management and supervisory responsibilities. However their lack of preparation in planning, organizing, delegating, motivating and teamwork begins to frustrate them and thus undermine the quality of patient care and service. The lack of managerial capacity at all levels of the health system is cited as a binding constraint to scaling up services and achieving the global development Goals in healthcare services.

Furthermore, healthcare scenario has changed drastically in the last decade or so. Stronger economy and rising incomes have led to a rise in patient expectations, reflecting societal changes in attitude towards provision of goods and services. Cost of healthcare has also gone up due to increasing use of expensive technology. All these have increased the complexity of healthcare services at secondary and tertiary level. To be able to deliver quality services in this scenario, a reasonable level of healthcare management skills are required on the part of the doctors. In response to these changing demands and priorities in healthcare delivery to the society, it is imperative that suitable revisions are made in the medical education so as to allow students to acquire skills they need to succeed not only as clinicians but also as leaders and managers.

Navneet Kaur

## A Place by any Other Name wouldn't Smell as Sweet: Oh Delhi!



### CLUES ACROSS

- 3 Fiery tragedy site (6)  
6 Rehydration for Delhi summers (3)  
8 Divine tribute on the riverbed (10)  
11 Ghantewala Halwai's Chowk (7)  
12 Delhi Delhi Delhi (4)  
14 The hills that bound us (8)

### CLUES DOWN

- 1 Floral temple (5)  
2 This garden near UCMS is all heart (7)  
3 Saravana Bhavan's yummy fare (4)  
4 The river flows east of Delhi(6)  
5 Kashmiri poet, Hindu College alumnus (4)  
7 He built the Walled City (9)  
9 Lifeline of Delhi (5)  
10 Colloquial name of the Capital city (5)  
13 Animal queen of Delhi's roads (3)

(Contributed by Rajat Thawani and Upreet Dhaliwal)

## कुछ और बात थी

लड़-लड़ के शिकस्त खाते तो कुछ और बात थी,  
बिना खेले ही हरा गया है कोई और बात है,।।  
रो-रो के गुजरी थी जो, वो कोई और बात थी,  
हंस के भी न गुजरी, ये कोई और बात है,।।  
उम्मीदों पे टूटता जो दिल, तो कोई और बात थी,  
ना-उम्मीदी मे चटका गया है कोई, ये कोई और बात है,।।  
मयकदे मे लूटे होते अगर, तो कोई और बात थी,  
दर-ऐ-काबा पे लूट गया है कोई, ये कोई और बात है,।।  
सता-सता के होता कोई नाराज तो कोई और बात थी,  
बिना तकरार के रुठ गया है कोई, ये कोई और बात है,।।  
रुला-रुला के हंसाता कोई अगर, तो कोई और बात थी,  
हंसा-हंसा के रुला गया है कोई, ये कोई और बात है,।।

अनील त्यागी

## Nukkad Ka Neela Kurta

A very few medical colleges can boast the possession of cultural teams and by being a part of them during the first 2 years of my medical career, I was one of the few medical students lucky enough to enjoy this legacy. The memoir, "Nukkad ka neela kurta" is about my time devoted to Manchayan, the dramatics society of UCMS, in my 2nd year. Street play served as my only way to relive whatever I used to perceive while living in Delhi and it is only through this medium that you can shout in anger and simultaneously deliver a useful message to the spectator.

Our small team might not have made a giant leap for mankind, but it was surely a big step for us. With Manchayan we all may have never have earned any possessions, but we had achieved...!! something which can never be earned otherwise. Despite many trials and tribulations, we came far and were successful in carrying the legacy forward .With Manchayan it was never the end but the journey that makes it more than anatomy and pathology. Even today, when I listen to some weird Hindi song, I start making its parody and conjure up a scene which could fit in our street play. Maybe that's something Manchayan has gifted us all...the ability to observe, the ability to dream and the ability to carry your ideas forward even when faced with opposition and demeaning pains.

Aheed Khan

## APOKALYPTO : Report

Apokalyppto is the literary society of UCMS, now continuing promisingly into its 2nd year. Progressing upon its aim to promote literary talent in the college, it organized an inter- college debate on the topic—"Students should evaluate their teachers" on 18th April 2012. LHMC bagged the first prize and UCMS, second.

A film entertainment quiz was also conducted in September 2012.

The members of the society can be contacted on [apokalyppto@googlegroups.com](mailto:apokalyppto@googlegroups.com) and for more information, visit [www.apokalyppto.yolasite.com](http://www.apokalyppto.yolasite.com)

Abhinav Aggarwal

## RIPPLE 2012 : Erit et ultimus

Ripple, the annual festival of UCMS, an escape from the monotony of routine makes it a highly anticipated event in the students' calendar. The student's union of UCMS laboured hard to make the event a memorable one. The theme reflected the witty use of the 2012 apocalyptic prediction and the new look website along with an exclusive teaser video were innovatively used for promoting the event among other things. The Lit Café, the literary part of Ripple, kicked off with a 2 day medical conference organized by students for Doctors, a pioneering effort in UCMS on "The newer advances in maternal and child health care and diabetes." Various events like Ad-Mad, Medical quiz, Entertainment quiz, Sports quiz, English and Medical debate had enthusiastic participation from various colleges.

The cultural segment was as good as ever. 'Svaang,' the street play competition organized by Manchayan was the major crowd puller with some jaw dropping performances. 'Wave' The western dance event by Renaissance had everyone tapping their feet and clapping their hands for some mesmerizing performances. The sports segment: Arena also included a UCMS Marathon along with the conventional sports like basketball, football, volleyball, badminton, cricket and indoor games like pool, chess, table-tennis. All saw widespread participation by teams from various

colleges across Delhi. The fresh attractions included the solo, duet and group singing competition organized by Plexus: the music society of UCMS.

However, as has been our tradition, the biggest crowd puller was the Star Nite. The central ground was overflowing with the enthusiasts of Honey Singh and Mafia Mundeer. They rocked the stage with their adrenaline charged performance, which though short was nonetheless exhilarating. The grand finale of Ripple was the Teachers' Carnival, the true apocalypse when the teachers sing, dance, act, crack jokes and everybody becomes a part of the fun and frolic. The disbelieving students roar and clap and cheer without inhibitions making it a fitting end to the journey that is Ripple!

**Abhinav Aggarwal**

## World Iodine Deficiency Disorder Day celebrated at GTB Hospital

The World Iodine Deficiency Disorder Day was celebrated at UCMS & GTB Hospital on 22nd October 2012. Prof. S V Madhu, Professor & Head of the Department of Medicine, who is also the State Programme Officer of the IDD Control Program, Government of NCT of Delhi, organized a training workshop for the district coordinators and paramedical staff responsible for implementing the program.

Prof. Raj Pal, Medical Superintendent, GTB Hospital inaugurated the workshop and Dr. Arun Sharma, Professor in Community Medicine presented an overview of the program. This was followed by an interactive session between the Participants and Dr S.V Madhu and his team on various aspects of Iodine Deficiency Disorders, implementation of NIDDCP in Delhi, and demonstration of field testing for salt iodine estimation. The work shop was attended by 6 doctors and 32 paramedical workers.

**Arun Sharma**



## Rishikesh: Stairway to Heaven

If Haridwar is known to be the doorway, then Rishikesh is the stairway to heaven for someone seeking spiritual solace and internal peace. Located 25 km ahead of Haridwar which happens to be the last location connected by Indian Railways, Rishikesh can be reached by taxi or autos which ply from 4am till late night from Haridwar. It is also the best getaway for Delhiites who normally storm one of God's domiciles whenever they feel the heat of the NCR. Barely 225 Kms from Delhi, it's one of the favourite weekend getaways for adventure sports like trekking, rafting, kayaking, camping etc. These sports seem to be God's way of luring His children towards the holy Himalayan expanse that harbours a spiritual enigma which most fail to understand. However, besides sports, hordes of devotees storm this holy place especially during every major Hindu festival.

Once reached, one can stay in any of the hotels or guesthouses which range from Rs 250 to 2500 a day. It's best to book your stay using any of the tourism websites. The best time of the year to visit Rishikesh is from February to July end. After July all sports are closed as water level of the Holy Ganga rises to dangerous levels. These sports re-commence from November onwards, but icy cold waters of the Ganges separates true adventure enthusiasts from regular wannabes. The May to July sun is very harsh, so a sunscreen with a good spf is highly recommended.

Among sports, rafting is the favourite of all but children under 5 are not allowed. Normally four levels are defined on the basis of distance covered and number of rapids in the Ganges. Brahmpuri being the shortest distance (9km) followed by Shivpuri (16km), Marine drive (25km) and The Wall (35 km) which is the most dangerous and reserved for army and navy personnel only. The water is very cold especially when it is released from the Tehri dam so heart patients and asthmatics are also barred from this sport as your heart literally jumps out of your mouth when you first encounter the rapid and ice chilled water. Kayaking being an individual sport requires rigorous one month training before one is allowed for it.

One can go for trekking or camping also. Once across the Laxman Jhoola (which is the main bridge connecting the two sides of the Ganges), we see the main temples where constant chanting of sacred hymns can be heard at any time of the day, but the *Aarti* at 6:30 pm is the one to watch out for. The most recommended place to eat is the Chotiwalla restaurant which is the major attraction of the town (which I avoided due to rumours of unhygienic food being served recently). Opposite direction from the main temples is the road which leads to Neelkanth temple, which is one of the 12 major Shiva dhaams. Enroute to Neelkanth we come across Garudchatti, where many small tributaries flow into Gangaji. Following any of these upstream through the jungle on foot, we pass through the Rajaji National Park and come across many small waterfalls whose raw scenic beauty is beyond description.

The small Himalayan town sleeps by 9 pm, so if you are a night owl, you can go down the ghats at night and feel the powerful calm of Gangaji near Laxmanjhoola and even meditate. The spiritual and adventure experience at Rishikesh is exhilarating and it's a strong recommendation to devote at least 5 days for the visit.

**Sumit Rai**

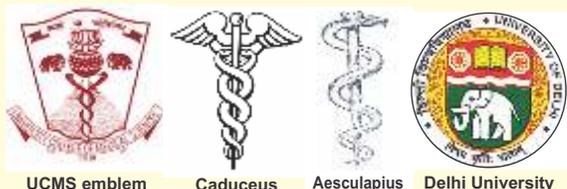
## Caduceus, Aesculapius or Vasuki?

My young friend from Delhi University on her first visit to UCMS flummoxed me with a question, “What does the emblem of UCMS mean? Why are there two serpents?” Obviously, I had no clue at that time but it certainly made me search for an answer.

What intrigued me was that in some places a single serpent, while in others two serpents entwine the shaft and I set out to explore its genesis. The shaft with two serpents, a globe head, and two wings is the Caduceus; the shaft with a single serpent is the rod of Aesculapius. In Greek mythology, Caduceus was the staff carried by Hermes, the God of underworld, wealth, and commerce, who was also a patron of thieves. In Roman mythology, it was depicted in the left hand of Mercury, the messenger of the gods. According to Heinz Insu Fenkl, the symbol was first used by a medical publisher in the 19th century on all its publications. Subsequently, in 1902, it was adopted by the U.S. Army as the insignia of its Medical Corps. A section of medical professionals are against the use of Caduceus as a symbol of medicine and healing because of its association with deceit, theft and darkness.

On the other side, Aesculapius was the child of Apollo (the God of Health) from an unfaithful lover named Coronis. Apollo, after killing Coronis, got the child delivered by Hermes, while Coronis' body lay on the funeral pyre. Aesculapius was trained by Chiron to become a healer who eventually became the God of Medicine. Thus, the rod of Aesculapius seems a more relevant symbol of healing and medicine than the Caduceus. The most popularly accepted explanation of the serpent coiled around the rod is the process of rejuvenation associated with a snake's rebirth after shedding its skin; becoming young again is something that medical science aims to achieve. The other explanation is the use of snake venom as a drug for various ailments in the past; however, the serpents and the shaft in the UCMS emblem have nothing to do with Aesculapius and Caduceus, as the following anecdote will reveal.

In 1974, a contest was held among students to design the emblem of UCMS, for which six entries were received. Of these, Prof. Satendra Sharma's design (he was then a final year student) was chosen by the Emblem committee of the college. According to Prof Sharma, its origin lies in Indian mythology.



The ocean of milk (Ksheer Sagar) was churned to settle the war between the Gods and demons, the latter having captured the universe after defeating the Gods. For churning the ocean, mount Mandrachala was used as the churning rod (which resembles the shaft of Aesculapius), and Vasuki, the king of serpents became the churning rope. From the churning, besides several precious items, emerged the white elephant Airavat, which finds a place in the emblem; the second elephant is picked up from the emblem of University of Delhi. Subsequently, Dhanvantari, the physician of gods emerged from the churning, holding the *Kalash* (pot) containing the nectar of immortality (*amrita*), covered with a lotus flower.

In the UCMS emblem, the *Kalash* with nectar in it, covered with a lotus, sits atop mount Mandrachalam. Thus, all symbols in the UCMS emblem are related to medicine and mythology; the only question that remains unanswered is when churning of the ocean was done with one serpent, why does the emblem have two? Surely Caduceus and Vasuki have a debate on hand to settle the issue.

Arun Sharma

## Medical Education Unit: Update

The period since the last issue of the Cosmos has been an eventful one for the Medical Education Unit. In-house activities included the “WHO multidisciplinary module on Prevention & Control of Injury” for VIth semester students of UCMS, in April-May; “Protocol Writing Workshop for first year post-graduate students” in August; and a Faculty Development Workshop on “How to supervise a thesis” in September.

Apart from in-house activities, students (Rajat Thawani, Arjun Ravishankar and Nayan Agarwal) and faculty conducted a workshop on “Powerpoint use, communication skills and literature search” for undergraduate medical students from AIIMS, LHMC, VMMC & UCMS, under the banner of MEU and IMediSTAR; faculty visited Sougor in April to conduct a “Basic Workshop in Medical Education Technology” for the teachers of Bundelkhand Medical College; and in July faculty conducted a “Teaching Methodology Workshop” for teachers of Hamdard Institute of Medical Sciences & Research, New Delhi.

Experts in their respective fields were invited to share their expertise with faculty and students. Prof A Bhattacharya gave a guest lecture on “Simulation in medical education” in April; and Ms. Vasumathi Sriganesh (QMed Knowledge Foundation) conducted a workshop on “Literature Search and Referencing” for under-graduate and post-graduate medical students, library staff and faculty in November. The Blind with Camera workshop was conducted for 12 visually impaired participants from Delhi University by Partho Bhowmick (Beyond Sight Foundation) in October. Lastly, the MEU launched “COMICOS-Graphic Medicine Club”, a new initiative of the Medical Humanities Group, spearheaded by Dr Satendra Singh, Assistant Professor of Physiology.

Upreet Dhaliwal



Participants at MEU Workshop

## My Journey as a medical student in the USA

When I went to the US for a clerkship elective in Oncology, I was immediately demoted from being an intern back home to being a medical student in the US. As medical students, we had to stay in the hospital from 7 am to 6 pm; that makes for a really long day!

On day one of my elective, I was allotted three patients that I had to follow everyday till they got discharged. I had to start the day by evaluating the patient (history and physical examination). After that, I had to go over their labs, vitals and any investigation that was ordered. This was followed by a sit-down round with the attending residents, pharmacists, social worker, nursing coordinators and a whole lot of other people. Then there was a round to see patients all over the huge hospital, which was quite an exercise! There used to be a discussion outside every patient's room that lasted 30 minutes each time.

When I had to present a patient, I had to have a plan. I may or may not be right, but I felt that I was part of a team. At moments, almost every time I was not presenting a case, I lost patience because I was just not used to spending so much time on each patient. In Delhi we have to see a lot of patients because of which the time spent per patient is quite little. In the US, the round went on from 9 am to 4 pm, and the number of patients that we saw was FIFTEEN only! It was only later during the month I realized how the team focused on every aspect of patient care: medical, psychological, physical, etc. and they had to. I was in Oncology and the branch is not just medically challenging, it is also very emotional and dramatic; not just the patient, the whole family deals with the disease. For each patient that I saw, I had to write an extensive note which was a skill difficult to master. I really enjoyed the experience I had in this elective and was amazed at how comfortable the patients were made to feel in the hospital.

While taking histories of patients, I realized that the occasional headache or mild abdominal pain that we consider trivial in our patients in India, are considered very important here and they are all investigated. These patients are educated and their description of symptoms appears to be from the textbook (and I was wondering where all that description in the books came from!). Sometimes, patients came with their own treatment plans; they wanted a specific treatment and were pretty adamant. Doctors obliged if they did not have any strong reservations against it. I remember rheumatoid arthritis being treated with Minocycline. In India, however, doctors are the boss! What I realized was that the healthcare system of US is much more advanced than India but they had a few flaws too, which I am sure they are working on. For example, there is a lot of defensive medicine being practiced. Doctors always have a fear of litigation at the back of their minds. Even as a student I was expected to have malpractice insurance. This leads to a lot of documentation, and all of it is online. So, a prerequisite of practicing medicine in US should be good typing speed!

Another major problem in US is insurance. Insurance companies approve many tests which the patients undergo. In a recent article that I read in a local newspaper they said that "CEOs of insurance companies have more income than the taxes the whole company pays". But a good insurance ensures that the patient gets good care without worrying about payments.

In all, I would say that my experience was great. Because I was with one unit every day of the month and there was uniformity, I got to learn much more than I would have otherwise. Also, I got to learn a lot about the healthcare system in the US. If and when I reach a stage of making significant decisions in the fields of medical education and hospital management, I will know which way to go!

Rajat Thwani

## EORCAPS: 375 Participants

This year also, the Department of Anaesthesiology & Critical Care, UCMS & GTB Hospital organized EORCAPS (Examination Oriented Refresher Course for Anaesthesia Post-graduate Students), a 9 day long academic extravaganza from 21st to 29th September 2012, under the dynamic leadership of Prof. A K Sethi.



A Participant Receiving Certificate From Principal

EORCAPS has established itself as the most coveted teaching program for exam-going anaesthesia students from all over India. This course is unique because it is specifically designed to take care of all aspects of practical examination including case presentations, drugs, ECGs, X-rays as well as a one-day equipment workshop. The faculty for the program comprises of experienced teachers and examiners drawn from all over India. The equipment workshop is a rare chance to see almost 300 equipments used in anaesthetic practice. The course drew an enormous response with around 375 students attending it, and concluded with an encouraging feedback.

Asha Tyagi

## DST's Program Advisory Committee in Health Sciences: UCMS hosts inaugural meeting



Prof. V. I. Mathan

Department of Science and Technology, Govt. of India has recently constituted a Program Advisory Committee in Health Sciences under Science & Engineering Research Board. UCMS hosted the first meeting on 30th and 31st August, 2012 under the chairmanship of Prof. V. I. Mathan. On this occasion Prof. Mathan also interacted with the faculty on "Challenges of Health Research". During the interactive session, faculty members asked questions regarding opportunities for interdisciplinary research and need for research regarding integration of modern medicine with Indian systems of Medicine.

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